# RECORD OF REQUEST FOR PURCHASE OF POLITICAL TIME CANDIDATE/AUTHORIZED COMMITTEE FORM (THIS FORM MUST BE COMPLETED FOR ALL REQUESTS [ORAL OR WRITTEN] AND PLACED IN POLITICAL AND PUBLIC INSPECTION FILE)

1.	Date of Request: _8.1.2016						
2.	Name of Person making the Request : Buying Time						
3.	Address of Person making the Request:						
<u>65</u>	650 Massachusetts Ave NW, Suite 210, Washington, DC 20001						
4.	4. Telephone Number of Person making the Request:						
(202)-965-5060							
5.	5. Name of Candidate: Colin Van Ostern						
6.	6. Name of Candidate's Authorized Committee: Van Ostern for New Hampshire						
7.	. Name of Treasurer of Committee: Debby Butler						
8.	Legally-Qualified Candidate for the Office of: Governor in New Hampshire						
9.	. Election:						
	PRIMARY ELECTION Y Democrat: Y Republican Other						
	GENERAL ELECTION Democrat Republican Other						
	CAUCUS Democrat Republican Other						
10. Information Requested:							
11. Information Provided:							
12. Request to Purchase Time:Y ACCEPTED REJECTED							
13. If request to purchase time is GRANTED attach a copy of (i) the Agreement For Political Cablecasts, (ii) schedule of time purchased (including rates charged, class of time purchased), invoice and (iii) Affidavit of Performance indicating dates and times the advertisement aired.							
	Signed: Date: Signature of Individual Receiving Request						

## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box) ☐ FEDERAL CANDIDATE

#### **國 STATE/LOCAL CANDIDATE**

To Avail Themselves Of The Lowest Unit Charge During A Political

Window,	Federal Cand	lidates Must	Sign The C	ertification (	On Page 3		
Station and	Date:	Date: 8/1/16					
, Buying	Time				,		
being/on behalf of: Van Ostern for New Hampshire							
	lified candidate						
political party	y for the office	of: Govern	nor				
in the Primary							
election to be held on: September 13, 2016							
do hereby re	quest station ti	me as follows	»:				
Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks		
	AS	ORD	ERED	)			
Attach propo	sed schedule	with charges (	if available):				

I represent that the payment for the above described broadcast time has been furnished by:

## Van Ostern for New Hampshire

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

## **Debby Butler**

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

To Be Signed By Candidate or Authorized Committee

8/1/16

Date

To Be Signed By Station Representative

To Be Signed By Station Part

Accepted

Printed Name

Title